

Name in Full

Certificate of Death

V. du Jackson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

aug

1. 1. 14

md

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

William Jackson

Name

Bertha Jones

Cause of

Primary

61

How long sick

12 days

Death

Immediate

Meningitis 39

Accident, Suicide, Homicide

Reported by

Address

J. P. Jones  
Dawnsville md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 73893



Marion Elizabeth James

Town

County

MARYLAND

Died at

James

Orv.

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 28

Age

5

26.5

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

W H James

Mother's

Name

Maggie James

Cause of

Primary

Cholera infantum

How long sick

3 weeks

Death

Immediate

dys. colitis

82

Accident, Suicide, Homicide

Reported by

S A Stokes

Address

Carnersville

Ind.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Widow

Daimon

Married

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

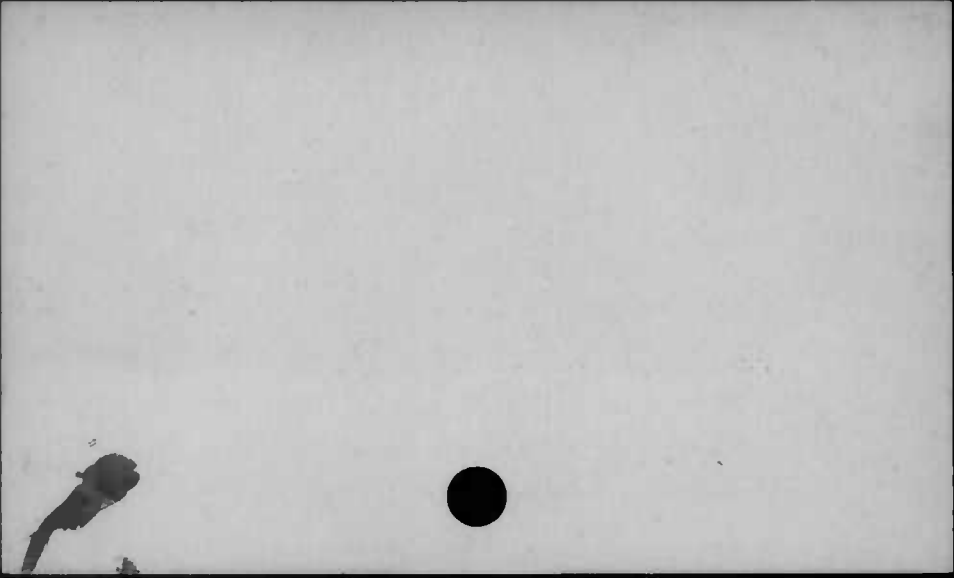
Certificate of Death

Clara B Johnson  
 Town County  
 Died at Oregon Baltimore MARYLAND  
 Date 19 Sept 21 Month Day Y. M. D. Native of MD Occupation Housewife  
 Age 27 7  
 Male White Married Widowed  
 Female Colored Single Widower Number of children living none

Wife of Joseph Johnson  
 Father's Name James Johnson Mother's Name Clara B. Johnson  
 Cause of Death Primary Pulmonary Tuberculosis How long sick 4 months  
 Immediate General Failure 22k Accident, Suicide, Homicide

Reported by Dr B. B. Benson 27  
 Address Crackapville, Bald Co, Miss

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Mrs. Tom Johnson

Town

Cambridge

County

Dorchester

Died at

MARYLAND

Date 189

June

Month

Day

29<sup>th</sup>

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~

of

Tom Johnson

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Congestion of the brain

Accident, Suicide, Homicide

Reported by

Mrs. Pitha M. J.

Address

Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Name in Full

Certificate of Death

Lilly A Johnson

Town

County

Died at

Brooklyn Ad Co

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

4 30 19

Md

Servant

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Phty sin

22 a

How long sick

6 mo

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J B Robinson

M J

Address

Brooklyn

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Stanley P. P. Johnson

Town

County

MARYLAND

Died at

Arbutus

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

6

15

Age

26

U.S.

Male

White

~~Mixed~~~~White~~~~Dark~~~~Female~~~~Colored~~

Single

~~Widower~~Number of children ~~living~~Husband  
of

Wife

Father's  
Name

P. O. Johnson 61a

Mother's  
Maiden Nameessie P. Johnson  
essie P. Johnson

Cause of

Primary

Cerebral Meningitis

How long sick

14 days.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

37

Reported by

A. Williams M.D.

Address

Elkridge Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

OVER  
OVER

DATE

\_\_\_\_\_ of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_

Attested by Dr. *Samuel J. Baggett*



Name In Full

Willie Johnston  
 Town County Dorco

MARYLAND

Died at

June 4

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

4

Age

13

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Wm Bodley

Mother's

Name

Lennie Bodley

Cause of

Primery

Consumption

How long sick

one year

Death

~~Immediate~~

Accident, Suicide, Homicide

Reported by

H. H. Mellowchly

Address

E. W. Market

Undertaken

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. A. L. Sayers.  
of Salem

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Name in Full ✓

Certificate of Death

*Baby Jolly*  
Died at *Bay Bridge* *Worcester Co* *MARYLAND*  
Town County  
Date 19 *1914* *1-14* *Cambridge* *nurse*  
Month Day Y. M. D. Native of Occupation  
Age *1-14*  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of  
Wife  
Father's Name *J. M. Jolly* *82* Mother's Name *Nettie Jolly*  
Maiden Name *Nettie Basden*

Cause of Death { Primary *cholera infantum* Immediate *105*  
How long sick *2 weeks*  
Accident, Suicide, Homicide

Reported by *Geo Lottick M.W.*  
Address *Cambridge Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *Emma Jones*  
 Died at *Deals Island* Town *Somerset* County *MARYLAND*

Date 189 *June* Month *22* Day *30* Age *30* Y. M. D. Native of *ind* Occupation *Dressmaker*  
~~Male~~ *White* Married ~~Widow~~ ~~Divorced~~  
 Female *Colored* ~~Single~~ ~~Widower~~ Number of children living *two*

Husband of *John Jones*  
 Wife *John Jones*  
 Father's Name *George Edwards* Mother's Name *Elizabeth Edwards*

Cause of *Primary* *Tuberculosis* *22a 8 mos* How long sick  
 Death *Immediate* *Failure respiration* Accident, Suicide, Homicide

Reported by *W. H. Alexander M.D.*  
 Address *Deals Island* *Somerset Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Waiale Jones

Town

County

Died at

Boonsboro Washington

MARYLAND

Date 189 8 Jan. 9      Age 49      Y.    M.    D.         Native of Fred Co      Occupation laborer

Male    White    Married    ~~Wid~~    ~~Divorced~~   

~~Female~~    Colored    ~~Single~~    ~~Widow~~         Number of children living 8

Husband

of

Mollie Younkies

Father's

Name

Wm. Jones

Mother's

Name

Kitty Beakley

Cause of

Primary

"Grip"

9

How long

24 hours

Death

Immediate

Cardiac paralysis

Accident, Suicide, Homicide

Reported by

S. S. Davis M. D.

Address

Boonsboro

Md





William Jones

Town

County

Died at

Chestertown

Kent

MARYLAND

Date 189

Month Day

Nov 25

Age

Y.

M.

D.

83 - -

Native of

Occupation

Carpenter

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

three

Husband

of

Wife

Widower

Father's

Mother's

Name

unknown

Name

unknown

Cause of

Primary

Mental disease 57

How long sick

1 month

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. A. Heath

Address

Chestertown Md

